## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: WATER STREET (0008546)

Address: W164 N9470 WATER ST, MENOMONEE FALLS, WI 53051

**License Status: REGULAR** 

Licensed/Certified/Registered 01/22/1999

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Survey ID: 0091593 End Date: 11/21/2003 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10008630 Served 11/25/2003

Deficiencies Cited Subject Area Compliance

Verified

88.04(2)(g)1 HEALTH SCREENING FOR STAFF 88.04(5)(b) TRAINING-8 HOURS ANNUALLY Verified Corrected